

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000093006

1. Corporation Name

DHD OF SOUTH FLORIDA, INC.

Principal Place of Business

2900 W SAMPLE ROAD #61C
POMPANO BEACH FL 33073

Mailing Address

2900 W SAMPLE ROAD #61C
POMPANO BEACH FL 33073



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		5225 NW 98 LANE		10/20/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-1868940	
City & State		City State		Applied For	
Coral Springs FL		Coral Springs FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33076		33076	BROWARD		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MEIR, MOTI	2500 NW 98 LANE	CORAL SPRINGS FL 33076
D	KOGOD, WENDY	2500 NW 98 LANE	DEERFIELD BEACH FL 33442

900003493439--9
-12/11/00-01041-020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MEIR, MOTI
5225 NW 98 LANE
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00 954-
Date Daytime Phone #

LJ ASSOCIATES

Accountants, Tax Specialists, Consultants
Palm Lakes Plaza

Tel. (954) 978-1356
Fax (954) 978-8961

7344 W. Atlantic Blvd.
Margate, FL 33063

November 17, 2000

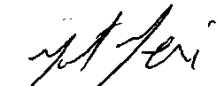
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Dissolution of DHD OF SOUTH FLORIDA, INC.

We have completed the enclosed Application For Reinstatement and enclosed a check for \$150 as instructed by your office because of the following unusual circumstances.

We appeal the dissolution because we do not feel we were properly notified through the annual report process. Our business is located in a large flea market where mail is often misplaced or lost. The enclosed Notice of Administrative Dissolution or Revocation is the first notice we have received. Upon receipt we have immediately taken action. We believe the enclosed check and application will satisfy your requirements and ask for your consideration in this matter.

Sincerely,



Moti Meir
President, DHD of South Florida, Inc.

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P99-93066